



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 1999**

**1999**  
FORM  
**MO-CRP**

Enclosure Sequence No. 1040-08

• READ INSTRUCTIONS ON REVERSE SIDE.  
• PRINT OR TYPE. • ENCLOSE WITH FORM MO-PTC.

1. YOUR SOCIAL SECURITY NUMBER		YOUR SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW?	
2. YOUR NAME, ADDRESS OF RENTAL UNIT, AND CITY, STATE AND ZIP CODE				3. LANDLORD'S NAME, SOCIAL SECURITY NO., HOME ADDRESS AND CITY, STATE AND ZIP CODE	
4. RENTAL PERIOD DURING YEAR		FROM: MONTH — DAY — YEAR <b>99</b>		TO: MONTH — DAY — YEAR <b>99</b>	
5. Enter your gross rent paid. (Enclose rental receipt. See instructions.) ..... ▶  6. Check the type of rental unit you rented and enter the percentage on Line 6. (Check only one box.) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> A. APARTMENT — 100%  <input type="checkbox"/> B. HOUSE — 100%  <input type="checkbox"/> C. MOBILE HOME — 100%  <input type="checkbox"/> D. MOBILE HOME LOT — 100%         </div> <div style="width: 30%;"> <input type="checkbox"/> E. DUPLEX — 100%  <input type="checkbox"/> F. LOW INCOME HOUSING — 100%  <input type="checkbox"/> G. BOARDING HOME — 50%  <input type="checkbox"/> H. RESIDENTIAL CARE — 50%         </div> <div style="width: 30%;"> <input type="checkbox"/> I. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%  <input type="checkbox"/> J. HOTEL If meals are included, enter — 50%          Otherwise, enter — 100%         </div> </div> If you share your home with relatives and/or friends (other than your spouse, if filing combined), check this box. <input type="checkbox"/> Enter the appropriate percentage of your homestead occupied. _____ You must enclose copies of your rent receipts or copies of cancelled checks for rent paid. .... ▶				5	00
7. Net rent paid. Multiply Line 5 by the percent on Line 6. ENTER HERE AND ON FORM MO-PTC, LINE 13 ..... ▶				6	%
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MO 860-1090 (11-99)

This publication is available upon request in alternative accessible format(s).



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## INSTRUCTIONS FOR COMPLETING FORM MO-CRP, CERTIFICATION OF RENT PAID

- Step 1:** Enter all general information requested in Boxes 1, 2, 3 and 4. If rent is paid to a relative, the relationship to the landlord must be indicated on Line 1.
- Step 2:** Enter on Line 5 the total rent paid by you and your spouse only. Exclude rent paid for any portion of homestead dwelling used in the production of income, and the rent paid for surrounding land with attachments not necessary nor maintained for homestead purposes (see homestead definition). Also, exclude any rent paid to your landlord on your behalf by any organization.
- Step 3:** If you were a resident of a nursing home or boarding home during 1999, use the applicable percentage stated on the front of Form MO-CRP, Certification of Rent Paid. If you live in a hotel and meals are included in your rent payment, enter 50%; otherwise enter 100%. If you share your home with relatives and/or friends, enter the appropriate percentage of your homestead occupied.
- Step 4:** Multiply Line 5 by the percentage on Line 6 and enter this amount on Form MO-CRP, Line 7 and on Form MO-PTC, Line 13.

### CHECKLIST

- ✓ Complete one Form MO-CRP for **each** rented homestead you occupied during 1999. (Additional forms are available upon request).
- ✓ Enclose Form MO-CRP with Form MO-PTC to verify rent claimed.
- ✓ Enclose a copy of your 1999 rent receipt(s) from your landlord, (including the housing authority, nursing home or residential care facility). The rent receipt(s) must be signed by the landlord and must include his/her social security number. Copies of cancelled checks will be acceptable if your landlord will not provide a rent receipt(s).
- ✓ Enclose a statement from your guardian stating that the Form MO-PTC is being filed on behalf of the claimant by a nursing home or residential care facility.

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